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## ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

## DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 168

Place of Birth Chatcher County Graham No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			

DATE OF BIRTH\* November 22, 1921  
(Month) (Day) (Year)FULL NAME James Carpenter Bell FATHERFULL MAIDEN NAME Sarah Judd MOTHERI HEREBY CERTIFY that the child described  
herein has been named

<u>Ira Claire</u>	<u>Bell</u>
(Give name in full)	(Surname)
<u>Sarah R. Judd - Bell</u>	
(Parent's Signature)	

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

V

923-1122-214